



OFFICE OF PLACER COUNTY ASSESSOR

Bruce Dear, Assessor

Tahoe Office
PO Box 477
505 West Lake Blvd.
Tahoe City, CA 96145-0477

Auburn Main Office
2980 Richardson Drive
Auburn, CA 95603-2640
Telephone (530) 889-4300
FAX (530) 889-4305
E-mail: assessor@placer.ca.gov

www.placer.ca.gov/assessor

BOAT AND AIRCRAFT AFFIDAVIT

Name: _____
Mailing Address: _____
City, State, Zip: _____

Assessment: _____
ID Number: _____
Mfr. & Year: _____

Our records indicate that you own this craft and it is located in Placer County. If you have disposed of this craft or moved it out of the county or state prior to January 1, you must notify the Assessor's Office. Do not rely on anyone else to notify us. If we are not notified of these changes, ultimately a lien will be placed on your name in this county. **NOTIFY US IMMEDIATELY-USE THIS FORM.** If you have any questions please call the Marine/Aircraft Division at (530) 889-4300.

By law, the sale, removal, or destruction of property after the lien date (January 1) does not relieve the owner on January 1 of the tax liability.

1. ☐ CRAFT WAS PERMANENTLY MOVED OUT OF PLACER COUNTY OR OUT OF STATE:

In order to cancel the bill, you must attach a copy of other county's tax bill or out-of-state registration if moved prior to January 1. Date of Move: _____

(Month) (Day) (Year)

New location: _____
(Marina / Slip Number, or Street Address) (City) (State)

2. ☐ CRAFT WAS SOLD: Last year's taxes were paid to County of / State of: _____
Date of Sale: _____ Sale Price: \$ _____
(Month) (Day) (Year)

New owner's name: _____

Mailing address: _____ Zip _____

COAST GUARD Documented: Attach copy of your bill of sale for verification

CF# BOATS: Was the Department of Motor Vehicles Notified? ☐ YES ☐ NO

(NOTE: BOAT SELLERS ARE REQUIRED TO NOTIFY DMV OF SALE WITHIN 5 DAYS OF SALE)

AIRCRAFT: Was FAA notified? ☐ YES ☐ NO **Attach copy of your bill of sale for verification**

3. ☐ CRAFT WAS WRECKED, JUNKED, DESTROYED, OR ABANDONED. The owner must notify DMV/FAA within 15 days thereof. In order for us to cancel the tax assessment, return this form with a copy of the DMV documentation, insurance report, or police report.

PLEASE INDICATE ANY MAILING ADDRESS CHANGES OR OTHER REMARKS ON REVERSE SIDE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

DATE

NAME (PLEASE PRINT)

SIGNATURE